

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Holy Family II	CHAPTER 100.1
Address: 47-410 Ahuimannu Road, Kaneohe, Hawaii 96744	Inspection Date: June 30, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 OCT -1 P3:07

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements, (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; FINDINGS Substitute Care Giver #1 – No current first aid certification.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">This caregiver attended the training session on 4/29/21 has received a Basic CPR, AED, and First Aid certification card from the trainer as requested. See enclosure.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: center;">July 2021</p> <p style="text-align: right;">21 OCT -1 P 3:07</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; <u>FINDINGS</u> Substitute Care Giver #1 – No current first aid certification.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">To prevent future deficiencies, all staff will be required to submit Basic CPR/First Aid training cards. BLS cards will not be accepted. CPR and first aid certification will be verified by the care home operator.</p>	<p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">21 OCT -1 P 3:07</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Resident #1 – Medication orders not reevaluated and signed by a physician or APRN every four months.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: right;">21 OCT -1 P 3:07</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders not reevaluated and signed by a physician or APRN every four months.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Medication orders will be updated quarterly. Quarterly updates will be documented on the Health Maintenance Record form. The licensed nurse is responsible for submitting Quarterly Update forms to the primary care providers during each quarterly follow up exam, and/or for obtaining a telephone order for medication updates as needed. The second licensed nurse will double check that quarterly updates were done and filed in the residents' charts as part of the monthly summary checklist at the end of each month.</p>	<p style="text-align: center;">Ongoing</p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>21 OCT -1 P 3:07</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1 – Weight from resident's physical exam on 6/5/2020 was 106 lbs. Weight from facility's weight record for 6/2020 was 95 lbs.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">21 OCT -1 P 3:07</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. FINDINGS Medication reevaluations prior to June 2020 not readily available for review by the department.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p style="text-align: right;">21 OCT -1 P 3:07</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. FINDINGS Multiple medication reevaluations have dates that appear to have been doctored.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">21 OCT -1 P 3:07</p>

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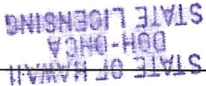
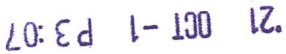
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. FINDINGS Resident #1 and Resident #3 – No current inventory of residents' possessions available.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Inventory of items have been updated and filed in the residents' charts.</p>	<p style="text-align: center;">July 2021</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-55 Nutrition and food sanitation. (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs: A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented; <u>FINDINGS</u> No documented evidence that a consultant Registered Dietitian was utilized to provide nutritional assessment for resident on dysphagia pureed diet and nectar thickened liquids.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Based on guidance from OHCA consultant dietitian, a job listing has been submitted for a consultant registered dietitian through the Hawaii Academy of Nutrition and Dietetics. The care home operator has also reached out to 2 contacts at other facilities for potential referrals.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;">Sept. 2021</p> <p style="text-align: right;">21 OCT -1 P 3:07</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACP; and a written care plan addressing resident problems and needs. <u>FINDINGS</u> Resident #1 – No documented evidence of pneumococcal immunization.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">This resident is scheduled to have his pneumococcal vaccine administered by 5 Minute Pharmacy during our flu vaccine clinic in October 2021.</p> <p style="text-align: right;">STATE OF HAWAII DOH-0HCA STATE LICENSING</p>	<p style="text-align: center;">Oct. 2021</p> <p style="text-align: right;">21 OCT -1 P 3:07</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs. <u>FINDINGS</u> Resident #1 – No documented evidence of pneumococcal immunization.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent future deficiencies, the health requirements for expanded care residents were reviewed by all licensed nurses. If a resident is ARCH level and has a change in level care to expanded care, the resident will be treated as a new admission and records updated following the admission checklist, which includes health requirements and vaccinations. Records will be double checked by the licensed nurse during routine chart reviews.</p>	<p style="text-align: right;">21 OCT -1 P 3:07</p> <p style="text-align: right;">STATE OF HAWAII DOM-ONCA STATE LICENSING</p>

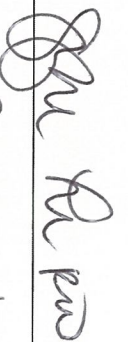
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: <u>FINDINGS</u> Resident #2 – No case management services being provided for expanded ARCH resident.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">This resident has been approved for ICF level Medicaid effective July 2021 and now is receiving case management services.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: center;">July 2021</p> <p style="text-align: right;">21 OCT -1 P 3:07</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: <u>FINDINGS</u> Resident #2 – No case management services being provided for expanded ARCH resident.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">To prevent future deficiencies, families will be required to private pay for case management services until Medicaid is approved. If families cannot private pay then the patient will not be accepted for admission. The care home operator will be responsible for verifying that case management services will be provided.</p>	<p style="text-align: center;">Ongoing</p>

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Licensee's/Administrator's Signature:



Print Name:

Suzanne Lee, R.N.

Date:

9-28-21

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